Do not use this space.

26225

1. PLACE OF DEATH

41

County Harrison

Township Jefferson

City (No. , St. Ward.)

Registration District No. 3 35 4-8

Primary Registration District No. 5186-7

File No.

Registered No.

2. FULL NAME George Wilson Heimbaugh

(a) Residence, No. St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred   yrs.   mos.   ds.   How long in U. S., if of foreign birth?   yrs.   mos.   ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF—
(OR) WIFE OF — Ida B Heimbaugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	63	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walnut Mo

FATHER

13. NAME William Harrison Heimbaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky Pensylvania

MOTHER

15. MAIDEN NAME Lovinia Snider

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pensylvania

17. INFORMANT (ADDRESS) Ida B Heimbaugh Bethany

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Zion DATE Aug 6 1933

19. UNDERTAKER (ADDRESS) W G Nolid New Hampton

20. FILED 9-13 1933 H J Harnett Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25 1933, to Aug 2 1933.

I last saw him alive on Aug 2 8 1933 Death is said to have occurred on the date stated above, at 2 30 am.

The principal cause of death and related causes of importance were as follows:

Typhoid Fever

Date of onset

Other contributory causes of importance:

Name of operation   Date of
What test confirmed diagnosis?   Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?   Date of injury   19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C A Porter , M. D.

(Address) New Hampton Mo